

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/018889**

FILING DATE

**26 DEC 2001**

APPLICANT(S)

*Tufino*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51							
2							52							
3		2		2			53							
4		7		7			54							
5							55							
6							56							
7							57							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		4				TOTAL IND.							
TOTAL DEP.	4		4				TOTAL DEP.							
TOTAL CLAIMS	5		5				TOTAL CLAIMS							